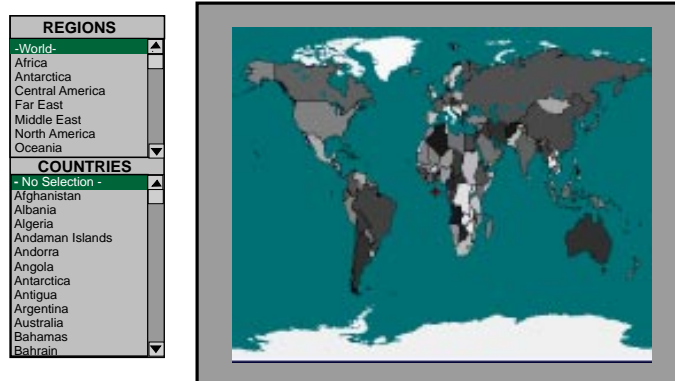


## How does FMSS work?

First FMSS is initialized for a particular region of the world where the deployment is occurring.



The user then records information on the patient which includes age, race, sex, rank, military branch, SSN and symptomatology. The user can then place the patient into any of number of defined disease categories. . . .

**DIAGNOSIS - T HERMANSEN (543-56-9822)**

**Major Reporting Categories**

- Heat Injury
- Diarrhea/Gastrointestinal
- Dermatologic
- Respiratory
- Injury - Upper Extremity
- Injury - Lower Extremity
- Injury - Back
- Injury - Other
- Unexplained Fever
- Sexually Transmitted Disease
- Ophthalmologic
- Psychiatric
- Other - Unspecified
- Supplemental - Musculoskeletal
- Supplemental - Genitourinary
- Supplemental - Nervous
- Supplemental - Infectious
- Supplemental - Neoplasm

**USE DIAGNOSTIC HELP**

**USE ICD9 DISEASE LIST**

**PROVIDERS - SELECT ONE**

- Corpsman
- Doctor
- Specialist
- Other

**Diagnosis - Description**

**Consultations**

**Clinical Studies**

**Treatments**

**Duty Status Changes**

**UPDATE** **HOW-TO** **OK** **CANCEL**

or use the GIDEON knowledge base and the patients symptomatology to arrive at a presumptive diagnosis.

**DIAGNOSIS - SIGNS & SYMPTOMS - Argentina**

**NOTE** **YES/NO** **NOTE** **YES/NO**

**Primary Signs and Symptoms**

- No Child
- Yes Severely Ill or Requires Hospital Treatment
- sec Animal Injury or contact
- No Fever
- No Recurrence or >= 3 weeks
- No Pulse Relatively Slow for Fever
- No Immune Suppression (known or suspected)
- No AIDS Documented
- No Jaundice
- sec Gastrointestinal or intraabdominal Complaint
- sec Pulmonary, Thoracic, or cardiac complaint
- sec Skin Rash, Wound, or Subcutaneous Lesion
- No Rash or Lesion Diffuse or Multifocal
- No Lesion(s) Limited to Genital Region
- No Lymphadenopathy (part of current infection)
- No Lymphadenopathy Generalized

**Secondary Signs and Symptoms**

- No Diarrhea
- Yes Vomiting
- Yes Abdominal Pain
- No Abdominal Mass or Cyst
- No Dysphagia
- No Esophagitis
- No Hepatomegaly
- No Hepatic Mass or Cyst
- No Biliary Disease
- No Pancreatitis

**Diagnosis**

**OK** **CANCEL** **How to**

**DIAGNOSIS - RESULTS**

**CONFIRMED** **SUSPECTED** **CLASSIFY**

**DESCRIPTION** 0 10 29 30 40 50 60 70 80 90 100

Urinary tract infection

Norwalk agent gastroenteritis

Ecolavirus infection

**OK** **CANCEL**

**SELECTED DISEASE**

**Disease Information**

**Disease Distribution**

**ALL DISEASES**

**Disease Profiles**

**Diseases in Country**

**CCBM**

If a diagnosis can't be made the patient is then classified using discriminant analysis into an unknown category for later analysis.

## Why was FMSS developed?

An important function of any military medical service during combat operations is the prevention of infectious and parasitic diseases. Military personnel may be deployed in developing countries where various infectious and parasitic diseases are endemic, and the potential for widespread illness in US troops is a threat to combat readiness. Timely recognition of such illnesses requires systems to detect these diseases early so they can be quickly investigated and controlled before they become a major health crisis. Prompt detection requires careful monitoring and a thorough understanding of the trends in incidence and distribution of known endemic agents. FMSS is being developed to systematically detect and monitor adverse health events that may occur during foreign deployment. FMSS allows incidence and prevalence trends to be displayed and projected over the near term, and profiles of patient populations to be generated. FMSS does this by integrating the Global Infectious Disease and Epidemiology Network (GIDEON's) knowledge base, with new patient information. The GIDEON knowledge base currently consists of 306 infectious diseases in 205 countries.

*In minutes FMSS can display incidence and prevalence trends for select infectious diseases and profiles of patient populations.*

### FMSS PREVENTATIVE ABILITIES:

- Detection of illnesses shortly after their onset.
- Ability to determine both the incidence and prevalence rates.
- Projection of short-term trends.
- Ability to profile the characteristics of the affected population by person, time, and place.
- Ability to determine mode of disease transmission.
- Compilation and dissemination of surveillance reports (including DAR's).
- Ability to retrieve medical reference materials.

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